

Introduction

An elbow arthrolysis is performed in patients who have a restricted ROM at the elbow joint. It includes joint arthrotomy, release of the capsule, and excision of osteophytes through a limited lateral approach.

A lateral incision is made on the elbow. The muscles are released from the humerus and separated from the capsule. The capsule is then entered anteriorly at the radiohumeral joint and the thickness of the capsule is assessed. The anterior capsule is excised. The elbow is then extended to release any remaining anterior adhesions.

If flexion is limited or if extension is not complete a posterior release and excision of olecranon osteophyte is performed. Occasionally the coronoid is inspected and osteophytes removed. The ulnar nerve is inspected and decompressed or translocated as needed.

Contraindications

There are no contraindications following this operation

Inpatient

- Document ROM achieved at elbow during the operation (if available from op notes) and post-operation
- Advise to use ice and elevation to reduce any swelling (if appropriate)
- Teach scapulae setting and neck, shoulder, wrist and hand exercises
- Active assisted and progressing to active exercises at elbow including flexion, extension, pronation and supination. Reinforce the importance of performing the exercises regularly on D/C
- Advise patient to use arm and hand for light activities with no lifting
- Provision of Mayo brace for night time (extension/flexion ratio depending on fixed deformity pre-op) for 3 months. Advise on increasing position
- Refer to Physio Outpatients as soon as possible, ideally within 1 week

Outpatient

- Increase ROM and strength as comfort allows, progressing to rhythmic stabilisations
- Advise patient to use arm and hand for light activities with no lifting

Returning to Activities

- Light duties: 4 weeks
- Heavy duties: 6 weeks